



# WELCOME

## *Physicians*

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### **Flint R. Packer, D.O.**

Dr. Flint Packer opened Family First Medical Center, in 2002. He has been practicing in Idaho Falls since July 2000. He is board certified by the American Board of Family Practice. Dr. Packer received his Bachelor of Science Degree in Microbiology from Idaho State University in 1993. He received his Doctorate of Osteopathic Medicine from the University of Osteopathic Medicine and Health Science in Des Moines, IA in 1997. After completing a Family Practice Residency through the University of Iowa he returned to his home state of Idaho. Dr. Packer enjoys the full spectrum of Family medicine. Dr. Packer has served as a Chairman of Department of Family Medicine and has served 6 years on the EIRMC Hospital Board of Directors. He has also been the recipient of the Frist Humanitarian Award from ERIMC. He cares for newborn babies to Geriatrics and everything in between (excluding obstetrics). He enjoys building a relationship with his patients that is so important for continuity of care. He approaches your healthcare as a partnership, where you work with him to optimize your health and improve the quality of your life!

### **Boyd K. Southwick, D.O.**

Dr. Boyd Southwick joined Family First Medical Center in 2003. He is Board Certified by the American Board of Family Medicine since 2003. He received his Bachelors of Science from BYU in 1994, graduating Magna Cum Laude. He received his medical degree from Kirksville College of Osteopathic Medicine in 2000. After completing a Family Medicine Residency in Springfield, Missouri where he served as Chief Resident, he returned to Idaho Falls to practice medicine. Dr. Southwick is very active in the medical community. He is past President of the Idaho Falls Medical Society, and delegate to the Idaho Medical Association. He is on the Board of Directors of the Idaho Academy of Family Physicians. At EIRMC, he is currently chief of staff, and has served as Chairman of the Department of Family Medicine. Currently, Dr. Southwick is the Medical Director for the Transitional Care Unit at EIRMC, Hands of Hope Home Health and Hospice, and Teton Post Acute Care. As an osteopathic physician, Dr. Southwick practices a “whole person” approach; instead of just treating symptoms or illnesses, he regards the body as an integrated whole. He is excited to get to know you and your family in focusing on health and wellness.

### **Tyson C. Parker, PA-C**

Tyson joined Family First Medical Center in 2011. As a native of Idaho Falls, he is pleased to be working in his hometown to help his patients optimize their health and achieve a better quality of life. After receiving a Bachelor’s Degree from BYU-Idaho in 2005, he attended Idaho State University, where he received a Master’s Degree in physician assistant studies in 2007. He is licensed by the Idaho Board of Medicine, certified by the NCCPA, and is a member of the American Academy of Physician Assistants. He has worked in family medicine, urgent care, and rural health care settings, and enjoys helping his patients to live happier, healthier lives. Tyson diagnoses and treats a wide spectrum of conditions, but has a particular interest in cardiology, including hypertension, diabetes, and cholesterol management. Tyson believes that the best quality care can be obtained when relationships are built on trust and compassion, and is committed to providing that for his

patients. He spends time listening to your concerns and responding in an empathetic and compassionate way. In partnership with Dr. Packer and Dr. Southwick, he looks forward to meeting and treating your whole family.

### **Shelley L. Davis, PA-C**

Shelley joined Family First Medical Center in 2013 after completing her Master's Degree in Physician Assistant Studies at Idaho State University. She is licensed by the Idaho Board of Medicine, certified by the NCCPA and is a member of the American Academy of Physician Assistants. Prior to pursuing her life-long dream of a career in the medical field she had earned a Bachelor's Degree in Biochemistry in 1994 and subsequently enjoyed working in biological and chemical research and development, management, journalism, and pharmaceutical sales. As a primary care physician assistant, she enjoys treating the whole family – from the newest born to their grandparents. She is excited to be part of a medical practice that works as a team, not only with each other but with their patients, whom they compassionately treat as an extended member of their own family. Shelley believes that each person is unique and deserves care that centers on their personal physical, mental, and emotional needs. She looks forward to developing the trust necessary to partner with her patients to find their best path for optimal health. She looks forward to meeting you and welcoming you into the family at Family First Medical Center.

### **David D. Buys, PA-C**

Dean joined Family First Medical Center in 2015. He attended Saint Louis University where he completed his Physician Assistant training in 1996. He is licensed by the Idaho Board of Medicine, certified by the NCCPA, and is a member of the American Academy of Physician Assistants. He has worked in Family Medicine, Emergency Medicine, Urgent Care, Rheumatology, and Rural Health Care settings. Dean treats a wide spectrum of health conditions, but has always particularly enjoyed Sports Medicine, and Cardiology. Dean is committed to providing quality care for his patients, and enjoys treating the whole family. He is compassionate and empathetic to each individual's needs. In partnership with Dr. Packer, Dr. Southwick, Tyson Parker, Shelley Davis, and Melissa Kelly, he looks forward to meeting and welcoming you to Family First Medical Center.

### **Melissa I. Kelly, FNP-C**

Melissa joined the Family First Medical Center team in early 2016. She grew up in Washington State and always had a special interest in the medical field. She received her Bachelors of Science in Nursing at BYU-Idaho in 2005 and worked as a Registered Nurse on the Cardiac Care Unit at EIRMC until moving to Indiana for her husband's dental schooling. While in the Mid-West, Melissa enjoyed teaching NCLEX-RN board review courses for Kaplan and earning her Master's in Nursing as a Family Nurse Practitioner. Melissa and her husband Trent have three wonderful children, and she enjoys racing in triathlons, quilting, gardening, and baking with her kids. She is licensed by the Idaho Board of Nursing, dually certified by the AANP and ANCC, and is a member of the American Academy of Nurse Practitioners. Melissa is thrilled to care for patients of all ages and able to treat a wide variety of conditions and illnesses. As a lifelong learner, she is eager to compassionately understand each patient's personal needs and preferences, develop trusting partnerships with her patients and their families, and empower them to manage their health. Along with Dr. Packer, Dr. Southwick, and the entire medical team, she looks forward to serving you and your family.

# Services

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## Physicians

- Preventative healthcare for all ages
- Physical
  - Well Childs
  - Sport/scout
  - Women's Health Check (pap/pelvic/breast)
  - D.O.T\*
- Behavioral health
- Acute/Chronic illness
- Geriatric care
- Pediatric care
- Intravenous fluid placement (IV)
- Procedures
  - Lesion/mole/skin tag removal
  - Lacerations
  - Fracture care
  - Staple/suture removal
- Colonoscopy\*
- Wart Treatment
- Circumcision\*

## Lab

- Various blood test
- Finger stick
  - PT/INR
  - H-pylori
  - CBC
- Urine test
  - Pregnancy test (in-house or blood draw)
- Strep swab
- Influenza swab

## Nurses

- EKG
- Ear wash
- Injections
  - Cortisone
  - Rocephin
  - Allergy/Kenalong
  - B12
  - Flu Shot
  - Pneumonia Shot
  - Zostavax
- Immunizations (2mon-17yrs)
- Staple/Suture Removal
- Dressing Changes
- Pulmonary Function Test
- Adult Weight Checks
- Infant Weight Checks
- Injection Administration Education
- Education on checking blood sugar and insulin
- Blood Pressure Checks

**\*Circumcisions are only done by the Doctor**

**\*Colonoscopies are only done by  
Dr. Southwick**

**\*D.O.T are only done by Shelley Davis PA-C**

# Insurance

We accept a wide range of insurances in our Practice. We always collect your copay/co-insurance at the time of service that is provided on your insurance card. We do accept out of network insurance companies, but keep in mind you won't get the contractual adjustment.

**Insurance companies we are not in-network with include, but are not limited to: (please contact your insurance with questions)**

- Multiplan (this will be on the backside of the insurance card)
- Select Care
- PHCS (this will be on the backside of the insurance card)

## Well Child/Immunizations

Well child exams are scheduled with the patients Primary Care Provider; unless they are out of the office then they are scheduled with the P.A. or N.P.

- 1 week (if a newborn boy circumcision will be done if wanted)
- 2 weeks (PKU is done at this time)
- 2 months- Immunizations
- 4 months- Immunizations
- 6 months- Immunizations
- 9 months
- 12 months-Immunizations
- 15 months- Immunizations
- 18 months- Immunization
- 2-3 years
- 4-6 years- Kindergarten Immunizations
- 7-10 years
- 11-12 years- Junior High Immunizations
- 13-15 years
- 16-17 years- Booster

**If your child received immunizations beside our clinic, please bring a copy in so we can update their records in our system.**

VACCINE	BIRTH	2 MO	4 MO	6 MO	12 MO	15 MO	18 MO	4-6 YRS	9 YRS	11-12 YRS	16-18 YRS
Hepatitis (HEP B)	1st dose	2nd dose	3rd dose	4th dose							
RotaTeq (3-DOSE Series)		1st dose	2nd dose	3rd dose							
Diphtheria, Tetanus, Pertussis (DTaP)		1st dose	2nd dose	3rd dose		4th dose		5th dose			
Tetanus, Diphtheria, Pertussis (Tdap)										1st dose	
Haemophilus Influenza (Hib)		1st dose	2nd dose	3rd dose		4th dose					
Pneumococcal (PVC)		1st dose	2nd dose	3rd dose	4th dose						
Inactivated Poliovirus (IPV)		1st dose	2nd dose	3rd dose				4th dose			
Measles, Mumps, Rubella (MMR)					1st dose			2nd dose			
Varicella (VAR)					1st dose			2nd dose			
Hepatitis (HEP A)					1st dose		2nd dose				
Gardasil/Human Papillomavirus (HPV)									1st dose*		
Meningococcal (1 dose + Booster)										1st dose	Booster
Bexsero (Meningococcal B)											1st dose*

# Clinic Information

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**Patient Centered Medical Home:** We are transforming our office to a PCMH Clinic which means Family First Medical, wants to obtain the best possible outcome for our patients by coordinating the medical team's care with available community resources. Although the medical home model may be considered revolutionary today, it is based on an age-old approach to healthcare delivery. This will firmly position the physician as the leader of a multidisciplinary team focused on providing comprehensive, continuous, and efficient quality medical care to our patients.

**Hours for Clinic:** Monday-Thursday 7:30 A.M. to 6:30 P.M. and Friday is 7:30 A.M. to 4:00 P.M. **(we are not open on the weekends.)**

**Phone Hours:** Monday-Thursday 7:30 A.M. to 6:00 P.M, Tuesday 7:30 A.M. to 11:30 A.M.-1:00 P.M. to 6:00 P.M. and Friday from 7:30 A.M to 3:30 P.M.

**After Hours:** After hours start at 6:00 P.M. Monday-Thursday and Friday at 3:30 P.M. We have an answering service that will help you with any medical question/concern. They will send a message to the "On call provider." The on call provider will then return your phone call to further instruct you on what to do. If you are having an emergent problem you should call 911.

**Cancellation and Reschedule Policy:** At Family First Medical we ask that you give us a 1-hour notice for all cancellations and reschedules. We understand that emergencies come up and are willing to work with you.

**No Show Policy:** You will get a warning letter requesting you to call us to reschedule your appointment or to call and cancel for the next time. A 2nd No Show will receive a similar letter like the first letter. The 3rd No Show will receive a third letter letting you know that there will be a \$50.00 charge on your account, and the 4th No Show may be a cause for being discharged from the clinic. That will be for the whole family not just the individual.

**Same day appointments:** We strive to provide same day appointments for urgent and routine medical needs. It may not be with your Primary Care Provider but we can usually get you in. This makes it easier for our patients so you do not have to go the E.R. or Urgent Care.

**Patient Web Portal:** Family First Medical has a Patient Web Portal available for our patients. In the Patient web portal you can e-mail your provider with any questions you may have. You can do medication refill requests through the Patient Web Portal. You can also request an appointment through the portal. If we are closed, they will be received the next business day. Messages are sent to your Primary Care Provider to respond back to you. Keep in mind, sometimes it may take up to 24 hours for a response.

**Medication Refill Request:** Please be aware that we require a 24-hour notice for all medication. If the prescription has to be approved by the provider or needs a prior authorization, that may delay the process. To continue filling your medications you will need to be seen at least once a year and have the appropriate blood work drawn based of your medication and or diagnosis.

**Calling in with questions for your PCP:** Your questions will be answered the same day unless your PCP is not in the office. Keep in mind if the questions are more complex and have to wait for your PCP to be back in office, your phone calls will be returned within the next business day.

**Labs:** We ask that you come in at least a couple days before your visit to get labs drawn. This way you will have your results for the provider to discuss with you during your visit. If you have questions on whether you need to fast, please contact our office and we can tell you depending on the blood tests you need to have done.

**Teaching Facility:** At any time a student may be in the room with the provider, if you wish to not have a student present please notify the nurse when she is obtaining your health history.

**Paperwork:** (i.e. scout, sports, physical, missionary, insurance, adoption, FMLA forms) If you have not been seen in the 12 months prior to paperwork needing to be filled out an appointment is needed. Based on paperwork that is being filled out a more recent appointment maybe required.

**Immunizations:** Any child 13 and young not accompanied by a legal parent/guardian will need to bring a written consent/letter stating it is okay to give immunizations that are needed. If there is no consent/letter immunization will not be administered and verbal okay's will not be accepted. Any child that is 14 and older not accompanied by a legal parent/guardian can sign a consent stating they want the immunization needed for their age. Under the Idaho Statutes 39-4503 and 39-4504 children in the state of Idaho may sign and accept responsibility for their own immunizations. If you do not want your child vaccinated please send them with a letter/note stating you do not want them immunized. If there is no letter/note sent with the child the provider/nurse can discuss this option with them. If the child does want the immunization after the discussion, a consent will be signed by the child giving us permission to administer the appropriate immunization needed for their age.

# Summary

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## **Visit our website at [www.familyfirstif.com](http://www.familyfirstif.com) for:**

- Secure Patient Portal (not set up please contact our office for more information)
- Weight Loss Program
- Direct Primary Care
- Patient forms
- Contact/Map
- Immunization schedule

## **Log in to our Secure patient portal to access:**

- Visit Summary
- Labs/imaging reports
- Referral request
- Refill request
- Message providers for questions
- Appointment request/cancellations
- Patient education

## **Preparing for your visit:**

- Current Insurance Card
- Payment for copay/co-insurance: all major credit cards, debit cards, cash, and check
- Medical records from other facilities
- Bring a list of your medications: name and dosage
- Immunization cards
- A picture will be taken upon checking in

## **Transportation:**

TRPTA-Targhee Regional Public Transportation Authority Tahttp: [www.trpta.org](http://www.trpta.org)

Phone: (208) 535-0356 Address: 1810 W. Broadway #7 Idaho Falls, ID 83402

- TRPTA is a legal, governmental entity as established by Idaho Code. TRPTA has a wide range of stops and pick-ups. Hours of operation Monday-Friday 7:00 am to 5:30 pm, for any special accommodations please contact them at (208) 535-0356 ext. 110

## **Quit Smoking:**

Project Filter: [www.projectfilter.org](http://www.projectfilter.org)

- Project Filter offers free support through the phone and the web. Both provide free nicotine replacement products. A quit coach will be there, anytime, seven days a week. You can request coaching in English, Spanish, and for the Deaf and Hard of Hearing. **Ask for a Brochures to stop nicotine.** Sign up online at [www.projectfilter.org](http://www.projectfilter.org) or call 1-800-Quit-Now (1-800-784-8669), for Deaf and Hard of Hearing call TTY 1-877-777-6534
- Eastern Idaho Public Health has free class and education along with a team to help you stop. Please contact, Tate Swensen (208) 317-2976, Evan Thomas (208)227-4231, Jodi Fohs (208) 206-3614.
- Any of these coaches can help you on your way to become nicotine free.

## **Advance Directives:**

- Living Will & POA: [http://www.ag.idaho.gov/livingWills/LivingWill\\_DurablePowerOfAttorney.pdf](http://www.ag.idaho.gov/livingWills/LivingWill_DurablePowerOfAttorney.pdf)
- Declaration for Mental Health: <http://www.nrc-pad.org/images/stories/PDFs/idahopadform.pdf>
- Do Not Resuscitate (DNR): <http://www.emsa.ca.gov/media/default/pdf/dnrform.pdf>
- POLST: <https://www.cdph.ca.gov/programs/LnC/Documents/MDS30-ApprovedPOLSTForm.pdf>



family  
first  
medical center

PCMH

Patient Centered Medical Home

### What is a Patient Centered Medical Home (PCMH)

A medical home model promising to improve health care in America by transforming how primary care is organized and delivered. PCMH builds on the network of a large and growing community. The patient's care is coordinated through their primary care provider to ensure they receive the necessary care when and where they need it, in an understandable manner.

### What does this mean for you

This means that we will facilitate your care by:

- **Coordinated Care:** We will coordinate your care across all elements of the broader health care system: including - specialty care, hospitals, and home health.
- **Comprehensive Care:** Family First Medical Center provides services to meet each patient's physical and mental health care needs. This includes all aspects of care such as preventive and wellness, acute care, and chronic care.
- **Accessible Services:** We provide access to same day urgent care and routine visits. We have enhanced communication by opening a secure Patient Web Portal, where you can e-mail your provider with medical questions, request medication refills on medications, request referrals to specialty providers, access your lab/imaging results, and access your chart notes.
- **Patient-Centered:** The primary care medical home provides health care that is relationship-based. Partnering together with patients and their families requires understanding regarding individual patient's needs, culture, and qualities. The medical home practice actively supports patients in learning to manage and organize their care. Recognizing that patients and their families are core members of the care team, medical home practices ensure that they are informed partners in establishing care plans.
- **Quality and Safety:** PCMH mode is focused on giving HIPAA protected, high-quality care through clinical choice support evidence-based care, shared decision-making, performance measurement, and population health management.

### Your Care Team/Your Health

Your physician will direct the care team to coordinate your care based on your medical needs. The care team will work efficiently to ensure your care in being coordinated in a timely manner. Your care team will make available labs/imaging test results. Referrals will be sent with the appropriate documentation needed by the specialty provider. Please notify us of any hospital admissions or Emergency Department (ED) visits so that we may follow-up with you and answer any questions or concerns you might have. We encourage you to be an active participant in your health care.



Family First Medical Center  
3614 Washington Parkway  
Idaho Falls, ID 83404

Phone: 208-552-7700

Fax: 208-552-1786

### PATIENT INFORMATION

Patient Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex:  Male  Female      Marital Status:  Single  Married  Divorced  Widowed  Other  
Employer \_\_\_\_\_ Employer phone \_\_\_\_\_  
Spouse Name \_\_\_\_\_  
Parents name if patient is a child \_\_\_\_\_  
E-Mail address \_\_\_\_\_  
Race:  White       Black or African American       American Indian or Alaska Native  
 Asian       Native Hawaiian or Other Pacific Islander       Hispanic       Other \_\_\_\_\_  
Ethnicity:  Hispanic or Latino  Not Hispanic or Latino       Decline to Report  
Preferred Language:  English       Spanish       Other \_\_\_\_\_

### RESPONSIBLE PARTY

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security number \_\_\_\_\_  
Employer \_\_\_\_\_ Employer phone \_\_\_\_\_

### PHARMACY

Pharmacy name \_\_\_\_\_  
Location \_\_\_\_\_

### EMERGENCY CONTACT (Nearest relative or friend **NOT** living with you)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_



**INSURANCE INFORMATION**

Primary Insurance \_\_\_\_\_  
Policyholder's name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Subscriber number \_\_\_\_\_ Group number \_\_\_\_\_  
Insurance phone number \_\_\_\_\_  
Patient's relationship to subscriber:  Self  Spouse  Child

Secondary Insurance \_\_\_\_\_  
Policyholder's name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Subscriber number \_\_\_\_\_ Group number \_\_\_\_\_  
Insurance phone number \_\_\_\_\_  
Patient's relationship to subscriber:  Self  Spouse  Child

**\*\*FINANCIAL POLICY\*\*:** Your co-pays, deductibles or percentages are due at the time of service. We will file your insurance claims for you, however, you are responsible for all charges regardless of coverage and keeping us informed of any and all changes. EACH ACCOUNT WILL ACCRUE A \$15.00 MONTHLY FEE FOR ANY UNPAID BALANCE OLDER THAN 30 DAYS. We reserve the right to rearrange any payments. You can avoid this fee by paying your bill in a timely manner. All collection costs and attorney fees are your responsibility if not paid as agreed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Medical Release for Treatment of Minor Child**

I AUTHORIZE FAMILY FIRST MEDICAL CENTER TO TREAT MY CHILD UNDER THE AGE OF 16 WHEN NOT ACCOMPANIED BY THEIR GUARDIAN.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AUTHORIZATION:** BY SIGNING THIS, I AUTHORIZE THE RELEASE OF ANY & ALL MEDICAL RECORDS REGARDING MY TREATMENT TO ANOTHER PHYSICIAN &/OR FACILITY. THIS AUTHORIZATION SHALL REMAIN IN FORCE UNTIL REVOKED IN WRITING BY ME.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Family First Medical Center**  
**“Notice of Privacy Practices”**

**Right to Receive a Copy of this Notice**

You have the right to request and receive a paper copy of this Notice of Privacy Practices and one will be provided to you at no charge.

**Right to Request Restrictions**

You have the right to request restrictions on how we use and disclose your PHI (Protected Health Information) for our treatment, payment, and health care operations. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

**Right to Confidential Communications**

You have the right to request that we provide your PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternate means (e.g. results sent to you in a sealed envelope, rather than with a post card; calling you at a different telephone number; sending a letter to you at an alternative address etc.). We will accommodate any reasonable requests, unless they are administratively too burdensome, or prohibited by law.

**Right to Complain**

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint, please direct your inquiries to:

FAMILY FIRST MEDICAL CENTER  
3614 Washington Parkway  
Idaho Falls, Idaho 83404  
Attn: Privacy Officer  
(208) 552-7700

You may contact your Health Plan with your concerns as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint against us.

**Rights Reserved by FAMILY FIRST MEDICAL CENTER**

We will use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to your entire PHI, which we maintain, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before we revise our Notice. You may request updates to this Notice at any time.

**Effective Date:** The effective date of this Notice is April 1, 2003.

I have received and read FAMILY FIRST MEDICAL CENTER’S Notice of Privacy Practices.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

# FAMILY FIRST MEDICAL CENTER

## AUTHORIZATION FOR EXCEPTION TO DISCLOSURE OF PROTECTED HEALTH INFORMATION

In general, the HIPAA privacy rules give individuals the right to request restrictions on use and disclosure of their Protected Health Information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means. (For example, sending results to you in a sealed envelope rather than with a post card; calling you at a different telephone number; sending a letter to you at an alternative address rather than to your home address, etc.) I understand that it is the policy of Family First Medical Center (FFMC) to only disclose the minimal necessary PHI for my care, payment and health care operations. I also understand that it is the policy of FFMC to call and confirm my appointments at least 24 hours in advance in most circumstances and to only call me by my first or last name when I am in the waiting room. FFMC will accommodate any reasonable request, unless they are administratively too burdensome, or prohibited by law.

### EXCEPTIONS TO PHI DISCLOSURES

**I wish to be contacted in the following manner (check all that apply):**

#### **Home Telephone**

- OK to leave messages with detailed info
- Leave message with call-back number only

#### **Work Telephone**

- OK to leave messages with detailed info
- Leave message with call-back number only

#### **Cell Phone**

- OK to leave messages with detailed info
- Leave message with call-back number only

#### **E-mail address**

- OK to send message with detailed information

**I authorize the release of medical information to the following people:  
(please list relation to patient)**

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\_\_\_\_\_  
Patient or Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

## Social Determinants and Specialty Providers

In our efforts to improve your overall experience, our practice would appreciate you taking some time to answer a few questions. This information assists us in a better patient focused approach to your care. Your answers will only be shown to your provider and kept confidential in your chart. Circle all of the following that apply to your situation where applicable.

- Do you see any specialists concerning your care long-term (i.e. cardiologist, pulmonologist, dermatologist, etc.)? If so, please list their names, specialties, and how often you see them.

\_\_\_\_\_

- If you listed a specialist, were you referred to them by us or another physician, and if so who, or did you schedule with them yourself?

\_\_\_\_\_

- Do you rely on any of the following for transportation to your appointments?

- TRPTA   
  Family/Friends   
  PSR Worker   
  Walk   
  Care giver  
 Self   
  Other \_\_\_\_\_   
  N/A

- Are you dependent on any of the following medical equipment, including, but not limited to?

- Wheelchair   
  Crutches   
  Oxygen   
  Cane/Blind Cane   
  Seeing eye dog  
 Knee walker   
 2 or 4 wheeled walkers   
 Hearing aids   
 Companion pet  
 CPAP   
 BiPAP   
 Nebulizer   
 N/A   
 Other \_\_\_\_\_

- Do you live in any of the following?

- Assisted Living   
 Group Home   
 Low Income Housing   
 N/A

- Do you rely on any of the following assistance?

- WIC   
 CORAM   
 Medicaid   
 Medicare for disability reasons   
 Food Stamps  
 Idaho Head Start   
 Idaho Temporary Assistance for Families in Idaho (TAFI)   
 Home Health  
 PSR Worker   
 Foster Care   
 Caregiver   
 N/A   
 Other \_\_\_\_\_

If you have a caregiver, PSR worker or any other supportive service (Home Health or Assisted Living) please list their name and contact information:

\_\_\_\_\_

Would you like more information on any of the above? If yes, which ones?

\_\_\_\_\_